

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	411809
<015> Study Area Name	MUTUAL TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Chris Clasbey
<035> Contact Telephone Number: Number of the person identified in data line <030>	719-266-4334
<039> Contact Email Address: Email of the person identified in data line <030>	cclasbey@tcatel.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="text"/>	<input checked="" type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="text"/>	<input checked="" type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	<input type="text" value="0.0"/>			
<420> Mobile	<input type="text" value="0.0"/>			
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<440> Fixed	<input type="text" value="0.0"/>			
<450> Mobile	<input type="text" value="0.0"/>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> <input type="text" value="411809ks510"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> <input type="text" value="411809ks610"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="text"/>	<input checked="" type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="text"/>	<input checked="" type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="text"/>	<input checked="" type="checkbox"/>	
<1010> <input type="text"/>	(attach descriptive document)	<input type="text"/>	<input checked="" type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="text"/>	<input checked="" type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="text"/>	<input checked="" type="checkbox"/>	

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="text"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="text"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

FCC Form 481 Certifications

FCC Form 481 Lines 510 and 610

Mutual Telephone Company

SAC 411809

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The company complies with the service quality standards as adopted in the Kansas Corporation Commission (KCC) Docket Nos. 191,206-U and 95-GIMT-047-GIT.

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- Billing practice standards as set out in KCC Docket No. 06-GIMT-187-GIT and subsequent billing practice standards approved by the KCC.
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

Line 610: Functionality in Emergency Situations

- The company maintains a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. {47 CFR §54.202(a)}
- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god.

FCC Form 481 Certifications

FCC Form 481 Lines 510 and 610

Mutual Telephone Company

SAC 411809

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The company complies with the service quality standards as adopted in the Kansas Corporation Commission (KCC) Docket Nos. 191,206-U and 95-GIMT-047-GIT.

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- Billing practice standards as set out in KCC Docket No. 06-GIMT-187-GIT and subsequent billing practice standards approved by the KCC.
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

Line 610: Functionality in Emergency Situations

- The company maintains a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. {47 CFR §54.202(a)}
- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god.

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	411809
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tccatel.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

 Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<010>	Study Area Code	411809
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

-- See attached worksheet --

<010>	Study Area Code	411809
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcacel.com

1/1/2013	
----------	--

-- See attached worksheet	
--	

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

**(800) Operating Companies
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	411809
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com
<810>	Reporting Carrier	Mutual Telephone Company
<811>	Holding Company	
<812>	Operating Company	

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	411809
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	411809
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	411809
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 411809ks1210

Name of attached document (.pdf)

<1220> Link to Public Website HTTP

“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(M)

2. Regulations

- a. The rates set forth in paragraph 3 below apply to local assistance requests originating for all classes and grades of services as follows:

Dialing Calling card Station-to-Station; Operators Station-to-Station and Operators Person-to-Person.

- b. Local assistance service charges will not apply where an operator is requested to establish:

- (1) Local calls from customers whose physical or visual handicaps prevent them from dialing the call direct.
- (2) Local calls from mobile stations.

3. Rates

Description

Service Charge Rate
per message

- | | | |
|----|---|---------|
| a. | Dialing calling card Station-to-Station | \$ 2.10 |
| b. | Operator Station-to-Station | \$ 2.50 |
| c. | Operator Person-to-Person | \$ 3.65 |
| d. | Line Status Verification | \$ 2.00 |
| e. | Busy Interrupt | \$ 3.00 |

(T) R. KANSAS LIFELINE SERVICE PROGRAM

The Lifeline Service Program (Lifeline), sponsored by the FCC, is a program designed to maintain and preserve universal service by providing a reduction in the price of basic residential exchange service to qualifying low-income customers.

a. General

1. Lifeline is a federally funded reduction of the subscriber line charge (SLC). A reduction of local service charges will be made of the SLC charge plus \$3.50.

- (a) Lifeline customers will also receive additional Lifeline Service reductions in intrastate local service of \$7.77.

2. Local service for Lifeline customers may not be disconnected for nonpayment of toll charges.

- (a) Toll Restriction Service will be provided to Lifeline customers at no charge.

- (b) Lifeline customers are not required to accept Toll Restriction Service as a condition to avoid disconnection of local service for non-payment of toll.

- (c) Lifeline customers are not required to pay a deposit in order to obtain local service if the customer voluntarily elects installation of Toll Restriction Service.

(M)

(M)

3. Partial payments from Lifeline customers will be applied first to local service charges and then to toll charges.
4. Lifeline customers will not be denied re-establishment of service on the basis that the customer was previously disconnected for non-payment of toll charges.
5. Lifeline will not be furnished on a Foreign Exchange service arrangement.

b. Eligibility Requirements

1. Lifeline will be provided for one (1) telephone line per household, at the customer's principal place of residence who have only one local exchange access line to his/her residential premises or dwelling place.* Verification of this requirement will be through self-certification.
2. Show that he/she is currently a recipient of benefits from one of the following public assistance programs:
 - Temporary Assistance for Needy Families (TAF)
 - Food Stamps
 - Medicaid
 - National School Lunch Program Free Lunch
 - Supplemental Security Income (SSI)
 - General Assistance
 - Food Distribution Program (United Tribes)
 - Individuals living on tribal land receiving:
 - Bureau of Indian Affairs general assistance
 - Tribally-administered Temporary Assistance for Needy Families (TAF)
 - Head Start Program benefits
 - National School Lunch Program free lunch

Individuals choosing this option must obtain and provide to the Telephone Company a copy of a valid identification card or the appropriate documents that are issued to them by the agency administering the program.

c. Income Eligibility

A customer shall be eligible for the Lifeline Service Program if that customer's household annual income level is at or below 150% of the federal poverty level. Such customers may obtain a form from the Telephone Company suitable for self-certification of income level and provide the completed form to the Company to begin service under the program. Proof of income is required. Acceptable documentation may include the prior year's federal, state, or tribal tax return, or other forms of income certification. Customers should contact the Company for specific details.

(M)

* A residential premises or dwelling place is that location where a customer resides, even if such residential premises or dwelling place is only a single room. Lifeline will not be provided if the customer has access to other local exchange telephone service within the residential premises or dwelling place, provided/owned by himself/herself or owned/provided by others. If, however, it can be determined by the Telephone Company that access to other existing local exchange telephone service owned/provided by others is virtually denied, or is inaccessible to the customer, then Lifeline Service will be provided

(M)

d. Certification

1. The customer will certify eligibility for Lifeline Service. Recertification is required annually or at any time the qualifying criteria for the customer changes.

Recipients of Lifeline Service must notify the Telephone Company when they no longer qualify for Lifeline Service. Upon receipt of the notification, the Telephone Company will discontinue Lifeline Service.

If the Company discovers that conditions exist that disqualify the recipient of Lifeline Service, local service will be billed at the full rate. The customer will be billed retroactively either to the date Lifeline Service commenced or the date the recipient no longer qualified for the service, not to exceed twelve (12) months.

(T) S. KANSAS UNIVERSAL SERVICE FUND

1. General

The Kansas Universal Service Fund (KUSF), and the related Kansas Lifeline Service Program (KLSP) and Kansas Telecommunications Access Program (TAP), was enacted by the Kansas Legislature in 1996 as part of House Bill 2728 (HB2728). The purpose of these funds is to support universal service in the State of Kansas.

Section 9(b) of HB2728 states in part that every telecommunications carrier shall contribute to the KUSF on an equitable and nondiscriminatory basis, and carriers may collect from customers an amount equal to such carrier's contribution. The Kansas Corporation Commission set out the procedures for KUSF, KLSP, and TAP assessments in its December 27, 1996 order in Docket No. 190,492-U.

On March 1, 1997, the Company's assessment for its KUSF obligations will begin, and at that time the Company may begin collecting such assessment from its retail customers.

2. KUSF Assessment

The amount of the assessment collected from the Company's retail customers may vary, depending on the requirements of the KUSF. The KUSF assessment for the Company will be determined by the KUSF administrator. The Company may collect from its retail customers an amount that does not exceed the KUSF assessment as determined by the KUSF administrator.'

(T) T. PROMOTIONAL OFFERINGS

The Company may from time to time engage in special promotional service offerings designed to attract new customers or to increase existing customer awareness of a particular tariff offering. These offerings may be limited to certain dates, times and/or locations. The Company will inform the Commission.

(M)

FCC Form 481 Certifications

FCC Form 481 Line 1210

Mutual Telephone Company

SAC 411809

Line 1210: Lifeline Terms and Conditions

Lifeline subscribers receive unlimited local calling at a discount of \$9.25.

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	411809
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

☐
Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

☐
☐
☐
☐

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	411809
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input checked="" type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	411809ks3017
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3022)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3023)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

**The following 3 pages from this section have been redacted for public inspection
in its entirety.**

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	411809
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	MUTUAL TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE
Date	10/10/2013
Printed name of Authorized Officer:	Jimmy Todd
Title or position of Authorized Officer:	President & GM
Telephone number of Authorized Officer:	620-897-6200
Study Area Code of Reporting Carrier:	411809
Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	411809
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013
